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FACSIMILE TRANSMISSION

DATE: AUGUST 30, 2006

TO: Hard Copy to Follow via Mail: NO

NAME	FAX NO.	PHONE NO.
USPTO Art Unit: 1731 Examiner: Dionne Walls Mayes	571-273-8300	

FROM: Sara Geer - 2081

RE: US Appl. No. 10/680807
A Cigar Tobacco Paper and a Method for Packaging the Same
Ahmad Mohammad Darwish

CLIENT/MATTER NO.: 101428.0001US1	NUMBER OF PAGES, INCLUDING COVER: 14

MESSAGE:

Please find attached RCE.

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PAGE 1/14 * RCVD AT 8/30/2006 5:26:29 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/4 * DNIS:2738300 * CSID:714 546 9035 * DURATION (mm-ss):04-40

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL for FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 65.00

Complete If Known	
Application Number	10/680807
Filing Date	10/6/2003
First Named Inventor	Ahmad Mohammad Darwish
Examiner Name	Dionne Walls Mayes
Art Unit	1731
Attorney Docket No	101428.0001US1

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METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 502191 Deposit Account Name: Rutan & Tucker, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims		Fee ($)		Fees Paid ($)
_____	- 20 or HP =	_____	x	_____	=	_____

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims Fee ($)	Fee Paid ($)
_____	_____

Indep. Claims		Extra Claims		Fee ($)		Fees Paid ($)
_____	- 3 or HP =	_____	x	_____	=	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee ($)		Fee Paid ($)
_____	- 100 =	_____	/50=	_____	(round up to a whole number) x	_____	=	_____

4. OTHER FEE(S)

	Fee Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Terminal Disclaimer	65.00

SUBMITTED BY			
Signature		Registration No. 52544 (Attorney/Agent)	Telephone 714-641-5100
Name (Print/Type)	Hani Sayed		Date 8/30/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**
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